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ORIGINAL

Docket No. S-20949A-16-0002

STATE OF ARIZONA

County of Maricopa

RECEIVED

2016 FEB 22 PM 2:00 AVIT OF SERVICE

AZ CORP COMMISSION
DOCKET CONTROL

I, Senior Special Investigator Michael D. Brokaw, for the Securities Division of the Arizona Corporation Commission, hereby certify that on the 17th day of February, 2016 at 9:12 AM, I served a copy of **Notice of Opportunity for Hearing Regarding Proposed Order to Cease and Desist, Order for Restitution, Order for Administrative Penalties, and Order for Other Affirmative Action**, Docket No. S-20949-A-16-0002, upon Colleen Houlihan Ellis at 9850 N. 73rd St. #1105 Scottsdale, Arizona 85258, by: sending the Notice by certified mail USPS (7007 1490 0000 2605 4436). Colleen Houlihan Ellis signed the certified mail receipt for acceptance at 9:12 AM.

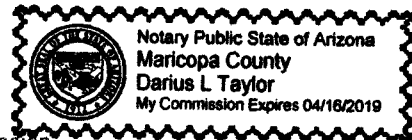
Michael D. Brokaw
AFFIANT

February 22, 2016
DATE

SUBSCRIBED AND SWORN TO BEFORE me this 22th day of February, 2016.

NOTARY PUBLIC

My Commission Expires:

04.16.2019

Arizona Corporation Commission

DOCKETED

FEB 22 2016

DOCKETED IN

7007 1490 0000 2605 4436

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To
Colleen Houlihan Ellis
 Street, Apt. No.,
 or PO Box No. **9850 N. 73rd St. # 1105**
 City, State, ZIP+4
Scottsdale, AZ 85258

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Colleen Ellis</p> <p>C. Date of Delivery 2-17-16</p>	
<p>1. Article Addressed to:</p> <p>Colleen Houlihan Ellis 9850 N. 73rd St. # 1105 Scottsdale, AZ 85258</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>7007 1490 0000 2605 4436</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			